	PATENT	RD	0 10/068411 1099047452A												
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY						
TOTAL CLAIMS			16					RATE		FEE	1	RATE	FE	E	
FOR			NUMBER FILED		NUMBER EXTRA .			BASIC F	EE :	370.00	OR	BASIC FEE	740.	00	
TOTAL CHARGEABLE CLAIMS			/6 minus 20=					X\$ 9=			OR	X\$18=			
INDEPENDENT CLAIMS			3 minus 3 =					X42=			OR	X84=			
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESÉNT					1.440				.000		\neg	
* If the difference in column 1 is less than zero, enter "0" in column 2								+140=			OR OR	+280= TOTAL	22.4	\dashv	
CLAIMS AS AMENDED - PÂRT II									٠ L		Jun	OTHER	74	•	
		(Column 1)		(Column 2) (Column 3)					SMALL ENTITY			SMALL	ENTIT	Υ	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO	BER	PRESENT EXTRA		RATE	: 1	ADDI- IONAL FEE		RATE	ADI TION BE	IAL	
	Total	.16	Minus	7:0	00	-		X\$ 9=	:		OR	X\$18=			
	Independent	NTATION OF M	Minus	PENDENT	<u> </u>	- \		X42=			OR	X84=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							'	+140=			OR	+280=			
No.							YOT/	_		OR	TOTAL ADOIT, FEE		T		
. 10	2/06/04 F	•			<u>:</u>		ADOM: FEE								
AMENDMENT 8		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH , NUM PREVIO PAID	BEA	PRESENT EXTRA		RATE	TI	NDDI- ONAL FEE		RATE	ADE TION FEI	AL	
	Total	. 16.	Minus	** 2	0	- Ø		X\$ 9=	T		OR	X\$18=			
	Independent	NTATION OF MI	Minus	set (3	· Ø	lt	X42=	1		OR	X84+/	7	5	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=			OR	+280=		\neg	
											OR	TOTAL ADDIT. FEE		コ	
(Column 1) (Column 2) (Column 3)														- 1	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER SUSLY	PRESENT EXTRA		PATE	TK	DDI- ONAL FEE		RATE	ADC TION FEI	AL	
	Total	•	Minus	**			lt	X\$ 9=	T		OR	X\$18=			
	Independent	•	Minus	***		=	 	X42=	十			X84=		\dashv	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A764	+-		OR	VO4=		4	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												+280=			
~!	f the "Highest Nur	mber Previously Pa	id for IN TH	S SPÀCE II	less than	n 20, enter "20."		TOTAL DOTT, FEI			OR ,	TOTAL ODIT, FEE		\Box	
		mber Previously Pa iber Previously Pai								riate box	-				